



**FACILITY SELF-ASSESSMENT CHECKLIST (FSAC)
FOR BARANGAY HEALTH STATIONS (BHS)
GUIDE FOR IMPROVING QUALITY OF HEALTH SERVICES
Level I**

Introduction

This Facility Self-Assessment Checklist (FSC) is a self-evaluation guide for the BHS staff towards improving quality of health services being provided at the BHS. The checklist contains a list of questions derived from the *Quality Standards List (QSL) for BHS Level I* that are recommended by the Department of Health for *Sentrong Sigla* certification. The use of this checklist together with the QSL will help the BHS staff do the following:

- Assess the BHS's compliance to Sentrong Sigla Level I quality standards,
- Identify and recognize problems or areas of improvement in service delivery,
- Identify ways or opportunities to solve problems or improve services, and eventually
- Get certification for the BHS as Sentrong Sigla

Instructions for Using the Facility Self-Assessment Checklist

For each question, encircle or mark either **YES**, **X** (for Yes, but needs improvement) or **NO** depending on the situation in your facility at the time of your assessment. A column for **REMARKS** is provided for any notes or details that you might need to pay attention to in improving the situation. Be as self-critical and honest as possible in your responses.

Example

Questions	Yes	Yes, but needs improvement	No	Remarks
1. Is there a CDD Case Management Chart posted in the BHS	<input checked="" type="radio"/> YES	<input type="radio"/> X	<input type="radio"/> NO	
2. Does the BHS have a regular source of clean water	<input type="radio"/> YES	<input checked="" type="radio"/> X	<input type="radio"/> NO	Explore possibility of having own deep well
3. Does the BHS have an updated Target Client List (TCL)	<input type="radio"/> YES	<input type="radio"/> X	<input checked="" type="radio"/> NO	Get help from BHWs to update the list

For question #1, the respondent is very sure that a CDD Management Chart is posted at the ORT Corner of the BHS.

For question #2, the respondent believes that although the BHS has been assured of continues supply of clean water from a nearby household, it will be better if it could build a deep well of its own and not rely or burden other people for water.

For question #3, the respondent admits that the TCL for family planning does not contain all the names of MWRA in the BHS's catchment areas and therefore needs to improve this aspect of identifying target clients or beneficiaries.

Each **NO** or **X** answer represents an opportunity for health service improvement. Remember, the more opportunities for improvement you find, the more you will be able to enhance quality of your service. Use your creativity to think of remedies or solutions to problems in the delivery of high quality services. This is your facility's initial step to Sentrong Sigla certification.

Instructions for Using the Results of the Self-Assessment

Once you have completed the self-assessment, meet with your supervising nurse and physician to review and discuss all the responses. Consider taking the following steps:

1. Agree on the areas to be improved using the following criteria:
 - a. Does everyone agree that the problem(s) needs to be solved?
 - b. Can the problem be solved with available resources? Are there possible resources that could be tapped?
 - c. Do team members agree to accept responsibility for specific activities required to solve the problem(s)?
2. Make a list of areas to be improved in the order of importance.
3. Plan specific activities to improve the situation or condition and then set a date for completing the activities.
4. Implement improvements and keep all team members involved
5. Make a written request to the DOH Center for Health Development for Sentrong Sigla assessment after improvements have been made.

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FACILITY SELF-ASSESSMENT CHECKLIST FOR BARANGAY HEALTH STATIONS (BHS)

<i>The following are the <i>inclusion criteria</i> for Level I Sentrong Sigla Certification. <u>All criteria should be met</u> by the BHS before requesting the DOH Center for Health Development for an assessment for certification.</i>	YES	YES, but needs improvement	NO	REMARKS
1. Is the RHU or Health Center of our BHS a Sentrong Sigla certified facility?	YES	X	NO	
2. Is our BHS housed in (or within) a permanent structure?	YES	X	NO	
3. Does our BHS have a permanently assigned midwife to provide regular health services?	YES	X	NO	
4. Does our BHS have the following?				
a. Regular source of clean water	YES	X	NO	
b. Functioning comfort room or latrine for client use	YES	X	NO	
c. Blood pressure apparatus with cuff	YES	X	NO	
d. Stethoscope	YES	X	NO	
e. Thermometer	YES	X	NO	
f. Weighing scale for infants and adults (not bathroom scale)	YES	X	NO	

1. INFRASTRUCTURE/AMENITIES

	YES	YES, but needs improvement	NO	REMARKS
1.1. Is our BHS free from rubbish?	YES	X	NO	
1.2. Does our BHS have benches or chairs for patients in all waiting and service provision areas?	YES	X	NO	
1.3. Does our BHS have a signboard listing facility hours, available services and whereabouts of staff that is posted in a strategic area?	YES	X	NO	
1.4. Does our BHS have lighting that permits easy reading of forms?	YES	X	NO	
1.5. Does our BHS have ventilation windows, electric fans or air conditioners?	YES	X	NO	
1.6. Does our BHS have a gooseneck lamp or flashlight for examination?	YES	X	NO	
1.7. Does our BHS have a hand washing area with covered water supply, soap and towels?	YES	X	NO	
1.8. Does our BHS have covered water supply for comfort rooms or latrines?	YES	X	NO	
1.9. Does our BHS have covered garbage containers for waste segregation?	YES	X	NO	
1.10. Does our BHS have a separate container for sharps (<i>needles, blades and other sharp objects</i>)?	YES	X	NO	
1.11. Does our BHS have cleaning or sterilizing supplies for clinical instruments?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
1.12. Does our BHS have a storage space or room for supplies, drugs and medicines?	YES	X	NO	
1.13. Does our treatment or examination area have visual privacy?	YES	X	NO	
1.14. Does our treatment or examination area have auditory privacy?	YES	X	NO	
1.15. Does our BHS have a special schedule at least once per week for clients who may not be available during regular office or work hours?	YES	X	NO	

2. HEALTH SERVICES

2.1. IMMUNIZATION				
2.1.1. Does our BHS conduct immunization sessions daily or at least 3X per week (depending on catchment population)?	YES	X	NO	
2.1.2. Does our BHS serve clients who request immunization on other days?	YES	X	NO	
2.1.3. Are disposable syringes and needles used only once ?	YES	X	NO	
2.1.4. Are used disposable syringes and needles collected in a puncture-proof container, then burned and buried?	YES	X	NO	
2.1.5. Does our BHS have the latest version of the EPI Manual?	YES	X	NO	
2.1.6. Is our Target Client List or Master List updated weekly?	YES	X	NO	
2.1.7. Does our BHS have the following vaccines for at least one week?				
a. BCG	YES	X	NO	
b. OPV	YES	X	NO	
c. DPT	YES	X	NO	
d. Measles	YES	X	NO	
e. Hepatitis B	YES	X	NO	
f. Tetanus Toxoid	YES	X	NO	
2.1.8. Does our BHS have vaccine carriers with ice cold packs during immunization days?	YES	X	NO	
2.2. DISEASE SURVEILLANCE				
2.2.1. Are DOH case definitions available in our BHS?	YES	X	NO	
2.2.2. Does our BHS submit a Notifiable Disease Report weekly to MHO/CHO/PHO?	YES	X	NO	
2.2.3. Does our BHS conduct an investigation of every single case of acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks?	YES	X	NO	
2.2.4. Does our BHS report all AFP and neonatal tetanus cases to the RHU/HC within a week of identification of cases?	YES	X	NO	
2.2.5. Does our BHS (together with the RHU/HC) follow up each reported AFP Case after 60 days?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
2.3. CONTROL OF ACUTE RESPIRATORY INFECTIONS				
2.3.1. Is there an ARI Case Management Chart posted in our BHS?	YES	X	NO	
2.3.2. Does our BHS have tongue depressors?	YES	X	NO	
2.3.3. Does our BHS staff have a timer or watch with second hand?	YES	X	NO	
2.3.4. Does our BHS have at least:				
a. 25 cotrimoxazole adult tablets?	YES	X	NO	
b. 50 paracetamol (500 mg.) tablets?	YES	X	NO	
2.4. CONTROL OF DIARRHEAL DISEASES				
2.4.1. Is there a CDD Case Management Chart posted in our BHS?	YES	X	NO	
2.4.2. Does our BHS have an ORT Corner with benches, tables glasses, pitcher, spoon, calibrated container for measuring potable water and ORS?	YES	X	NO	
2.4.3. Does our BHS have ORS sachets?	YES	X	NO	
2.4.4. Does our BHS have a record of water quality test that was done in the past month?	YES	X	NO	
2.4.5. Does our BHS have an updated record of diarrhea cases?	YES	X	NO	
2.5. MICRONUTRIENTS SUPPLEMENTATION				
2.5.1. Does our BHS have the following micronutrients?				
a. Iron tablets for all pregnant and lactating women	YES	X	NO	
b. Iron drops for infants	YES	X	NO	
c. Iron syrup for school children	YES	X	NO	
d. Iodized oil capsules	YES	X	NO	
e. Iodized salt	YES	X	NO	
f. Vitamin A capsules	YES	X	NO	
2.5.2. Does our BHS have the Guidelines for Micronutrient Supplementation?	YES	X	NO	
2.5.3. Is our Operation Timbang (OPT) Record updated monthly or quarterly depending on the nutritional status of the child?	YES	X	NO	
2.5.4. Is our Target Client List updated weekly?	YES	X	NO	
2.5.5. Does our BHS have Under 5 growth cards/Growth Monitoring Charts (GMC)?	YES	X	NO	
2.5.6. Does our BHS have the CBPM-NP RHM Guidebook?	YES	X	NO	
2.5.7. Does our BHS have available copies of the Basic Three Food Groups brochure for distribution?	YES	X	NO	
2.5.8. Does our BHS have Salt Iodization Testing Kit?	YES	X	NO	
2.6. FAMILY PLANNING				
2.6.1. Does our BHS offer referral services for the following laboratory exams?				
a. Pap smear	YES	X	NO	
b. Wet smear	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
c. Gram Staining	YES	X	NO	
d. Pregnancy test	YES	X	NO	
e. Urinalysis	YES	X	NO	
f. Natural Family Planning (if not trained)	YES	X	NO	
g. Tubal ligation	YES	X	NO	
h. Vasectomy	YES	X	NO	
i. Management of Complication and/or side effects arising as a result of FP method	YES	X	NO	
2.6.2. Is our Target Client List updated weekly?	YES	X	NO	
2.6.3. Does our BHS have copies of FP Form1?	YES	X	NO	
2.6.4. Does our BHS have at least one month supply of the following contraceptives?				
a. Condoms	YES	X	NO	
b. Pills	YES	X	NO	
c. DMPA (<i>if staff is trained</i>)	YES	X	NO	
d. IUDs (<i>if staff is trained</i>)	YES	X	NO	
2.6.5. Does our BHS have antiseptic solution (povidone iodine; cidex) or chlorine 75%?	YES	X	NO	
2.6.6. Does our BHS have the following sterilized forceps?				
a. Alligator forceps	YES	X	NO	
b. Pick-up forceps	YES	X	NO	
c. Ovum forceps	YES	X	NO	
d. Tenaculum	YES	X	NO	
e. Uterine forceps	YES	X	NO	
2.6.7. Does our BHS have a forceps container?	YES	X	NO	
2.6.8. Does our BHS have an examination table?	YES	X	NO	
2.6.9. Does our BHS have a kelly pad/linens for the examination table?	YES	X	NO	
2.6.10. Does our BHS have NFP charts for distribution?	YES	X	NO	
2.6.11. Does our BHS have other FP leaflets/handouts for distribution?	YES	X	NO	
2.7. TUBERCULOSIS CONTROL				
2.7.1. Is our Target Client List/TB Register updated weekly?	YES	X	NO	
2.7.2. Does our BHS have sputum cups?	YES	X	NO	
2.7.3. Does our BHS have glass slides?	YES	X	NO	
2.7.4. Does our BHS have a designated sputum collection and staining area?	YES	X	NO	
2.7.5. Does our BHS have the following anti-TB drugs:				
a. Type I (<i>good for at least 5 patients</i>)	YES	X	NO	
b. Type II (<i>good for at least 5 patients</i>)	YES	X	NO	
c. Ethambutol	YES	X	NO	
d. Streptomycin sulfate	YES	X	NO	
2.8. STD/AIDS PREVENTION and CONTROL				
2.8.1. Is there a Syndromic Management Chart posted in our BHS?	YES	X	NO	
2.8.2. Does our BHS have condoms for distribution to patients?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
2.8.3. Does our BHS accomplish and submit a monthly report using primary level reporting form to the next higher level?	YES	X	NO	
2.9. ENVIRONMENTAL SANITATION				
2.9.1. Does our BHS have a copy of the updated list of status of water supply and sanitation facilities within our area of coverage?	YES	X	NO	
2.9.2. Does our BHS have a copy of the list of food establishments with sanitary permits and their updated sanitation conditions?	YES	X	NO	
2.9.3. Does our BHS have chlorine granules for disinfecting water supply facilities?	YES	X	NO	
2.9.4. Does our BHS have toilet bowls for distribution to households without toilets?	YES	X	NO	
2.9.5. (<i>For a facility that does not have toilet bowls for distribution</i>) Does our BHS have toilet bowl molds?	YES	X	NO	
2.9.6. Does our BHS have a record of number of bowls distributed or produced using the toilet bowl mold?	YES	X	NO	
2.9.7. Does our BHS have information and education materials on environmental sanitation (e.g. dengue fever, proper waste disposal, etc.)	YES	X	NO	
2.10. CANCER CONTROL – CERVICAL CANCER SCREENING				
2.10.1. Is the Target Client List/log book of clients updated weekly?	YES	X	NO	
2.10.2. Does our BHS have the following supplies for pap smear specimen collection?				
a. Glass slides	YES	X	NO	
b. Wooden spatula (A217 spatula) or cervical brush	YES	X	NO	
c. Fixative (95% ethanol or others)	YES	X	NO	
d. Pencil	YES	X	NO	
2.10.3. Does our BHS have a referral facility where pap smear specimen collected are sent for reading and interpretation?	YES	X	NO	
2.10.4. Does our BHS keep individual patient records of pap smear Results?	YES	X	NO	
2.10.5. Does our BHS have IEC materials on cervical cancer (leaflets, posters) and self-breast examination (SBE)?	YES	X	NO	
2.11. MATERNAL CARE				
2.11.1. Is Target Client List/book updated weekly?	YES	X	NO	
2.11.2. Does our BHS have a record of pre-natal/natal/post-natal visits conducted by staff?	YES	X	NO	
2.11.3. Does our BHS have birth certificate forms?	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
2.11.4. Does our BHS have Home Based Maternal Records (HBMR) for distribution to new clients?	YES	X	NO	
2.11.5. Does our BHS have IEC materials for maternal care?	YES	X	NO	
2.11.6. Does our BHS have an OB Emergency Manual & Algorithm chart?	YES	X	NO	

3. ATTITUDES AND BEHAVIOR OF HEALTH SERVICES

3.1. Does our BHS midwife greet patient verbally to establish rapport?	YES	X	NO	
3.2. Does our BHS midwife exhibit technical competence in articulating information to patients by:				
a. Maintaining 2-way communication?	YES	X	NO	
b. Being a good listener?	YES	X	NO	
c. Being a non-judgmental?	YES	X	NO	
d. Giving appropriate instructions?	YES	X	NO	
e. Not giving false assurances?	YES	X	NO	
3.3. Is our BHS midwife woman-friendly by:				
a. Being courteous and always explaining any procedure?	YES	X	NO	
b. Asking permission before proceeding?	YES	X	NO	
c. Avoiding gender slurs/insults and discriminating words?	YES	X	NO	
d. Being careful in examining women and not blaming victims/survivor of abuse/violence?	YES	X	NO	
3.4. Is our BHS midwife caring and gender-sensitive by:				
a. Respecting patient's decision without without compromising overall patient management?	YES	X	NO	
b. Assuring patient's privacy and confidentiality of given information at all times?	YES	X	NO	
c. Promptly responding to patient's request for care?	YES	X	NO	
d. Speaking politely and with modulated tone?	YES	X	NO	
3.5. Is our BHS midwife culture-sensitive by:	YES	X	NO	
a. Respecting patient's culture and religion?	YES	X	NO	
b. Providing for patient's needs accordingly?	YES	X	NO	
c. Offering choices and options?	YES	X	NO	
3.6. Does our BHS midwife provide information to clients without allowing personal biases to affect client choices?	YES	X	NO	

4. HEALTH HUMAN RESOURCES

	YES	YES, but needs improvement	NO	REMARKS
4.1. Is the BHS complemented by BHWs to assist the midwife?	YES	X	NO	
4.2. Is our BHS midwife trained on the following DOH mandated courses?				
a. Basic EPI Skills Training	YES	X	NO	
b. Disease Surveillance Training	YES	X	NO	
c. Pneumonia Case Management	YES	X	NO	
d. CDD Case Management	YES	X	NO	
e. Community-Based Planning and Management of Nutrition Program (CBPM-NP)	YES	X	NO	
f. Basic Family Planning Course (or Level I)	YES	X	NO	
g. Comprehensive Family Planning (or Level II)	YES	X	NO	
h. DMPA Training (if untrained in either Level I or Level II)	YES	X	NO	
i. Training on National Tuberculosis Control Program – DOTS	YES	X	NO	
j. Training on Basic Counseling for STD/AIDS	YES	X	NO	
k. Skills Training on Pap Smear Collection (for those untrained in FP Basic/Compre Course)	YES	X	NO	
l. Gender Sensitivity Training	YES	X	NO	
m. Family Planning Counseling Training	YES	X	NO	
4.3. Did the RHU/HC nurse or physician visit our BHS midwife in the past month?	YES	X	NO	

5. EQUIPMENT (non-program specific)

5.1. Does our BHS have a sterilizer or covered pan and stove?	YES	X	NO	
5.4. Does our BHS have large speculums?	YES	X	NO	
5.5. Does our BHS have small speculums?	YES	X	NO	
5.4. Did our BHS conduct a complete inventory of equipment within the last 6 months?	YES	X	NO	

6. DRUGS, MEDICINES and SUPPLIES

6.1. Does our BHS have at least a one month supply of the following essential drugs? (<i>Three have already been incorporated under CARI and CDD</i>)				
a. Amoxicillin	YES	X	NO	
b. INH	YES	X	NO	
c. Rifampicin	YES	X	NO	
d. Pyrazinamide	YES	X	NO	
e. Nifedipine	YES	X	NO	

	YES	YES, but needs improvement	NO	REMARKS
6.2. Does our BHS have the following basic supplies for examination, emergency medical and simple surgical cases?				
a. Alcohol/disinfectant	YES	X	NO	
b. Gauze/bandages/plaster or adhesive tape	YES	X	NO	
c. Cotton	YES	X	NO	
d. Disposable gloves	YES	X	NO	
e. Sutures	YES	X	NO	
f. Disposable needles	YES	X	NO	
g. Disposable syringes	YES	X	NO	
h. Lubricant (KY Jelly) or clean water	YES	X	NO	
i. Slides and coverslips	YES	X	NO	
j. Tape measures	YES	X	NO	
6.3. Does our BHS have an disinfectants, antiseptics and/or insecticides?	YES	X	NO	
6.4. Did our BHS conduct a complete inventory of supplies within the last 6 months?	YES	X	NO	

7. HEALTH INFORMATION SYSTEM

7.1. Does our BHS have referral slips or forms?	YES	X	NO	
7.2. Are our 10 Leading Causes of Mortality and Morbidity and other vital health statistics updated annually?	YES	X	NO	
7.3. Are our Field Health Information Systems (FHSIS) forms complete and updated within the week?	YES	X	NO	

8. COMMUNITY INTERVENTION

8.1. Is the BHW: household ratio equal to 1:20?	YES	X	NO	
8.2. Did our BHS midwife conduct the monthly meeting of BHWs in the past month?	YES	X	NO	
8.3. Did our BHS midwife and BHWs organize or attend barangay assemblies, patients' classes, mothers' classes, breastfeeding support groups, or the like in the last 3 months?	YES	X	NO	
8.4. Did our BHWs follow-up patients referred to the Main RHU in the last three (3) months?	YES	X	NO	

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